



For OPH Lab Use Only
SID _____
Date Received __/__/____

Patient,

Last name [][][][][][][][][][][][][][][][][][][][]

First name [][][][][][][][][][][][][][][][][][][] Middle name [][][][][][][][][][][][][][][]

Hospitalized? []No []Yes, hospital _____ Date of admission ____/____/____

Medical Record/ Social Security Number_____

Address _____ City, ZIP, State _____

Parish _____ Telephone (____) _____ - _____

Date of Birth ____/____/____ (if not available, age _____ years / months / weeks)

Gender []Male []Female Race []W []B []Asian []Other

1. Specimen	Collected on	Convalescent?	2. Specimen	Collected on	Convalescent?
[] CSF [] Serum	___/___/___	[] Yes [] No	[] CSF [] Serum	___/___/___	[] Yes [] No

At least 2cc of serum or CSF are needed for testing. Blood should be centrifuged and serum aliquoted into polypropylene externally-threaded leak-proof tubes. Pack with blue ice or other coolants. DO NOT FREEZE/DO NOT USE DRY ICE. Ship labeled specimen(s) with this form to: Attn: Virology, Amite Regional Lab, 104A North First Street, Amite, LA 70422. If you need further information, call 985-748-2011 (Central Laboratory) or 504-219-4563 (Epidemiology Section).

Please, provide clinical information of the patient. This information is important for surveillance purposes.

Date of first symptoms ____/____/____ ← This information is critical to evaluate serological results.

If hospitalized, current status: ☐ Regular ward ☐ ICU ☐ Rehab ☐ Deceased on ____/____/____

☐ Discharged on ____/____/____ to ☐ Home ☐ Other institutions _____

Fever ($\geq 38^{\circ}\text{C}$ or 100°F) ☐ Yes ☐ No ☐ Unknown Mental status changes ☐ Yes ☐ No ☐ Unknown

Headache ☐ Yes ☐ No ☐ Unknown Slurred speech ☐ Yes ☐ No ☐ Unknown

Stiff neck ☐ Yes ☐ No ☐ Unknown Tremors ☐ Yes ☐ No ☐ Unknown

Myalgias, arthralgias ☐ Yes ☐ No ☐ Unknown Seizures ☐ Yes ☐ No ☐ Unknown

Photophobia ☐ Yes ☐ No ☐ Unknown Ataxia ☐ Yes ☐ No ☐ Unknown

Flaccid paralysis* ☐ Yes ☐ No ☐ Unknown Hearing or vision loss ☐ Yes ☐ No ☐ Unknown

*Real paralysis not simple weakness

Other neurologic signs _____

Current diagnosis / assessment / impression _____

Was a CSF sample obtained? []Yes []No []Unknown date ____/____/____
CSF findings: WBC _____ % neutr _____ % lymph _____ RBC _____ Protein _____

During the 4 weeks prior to first symptoms, did the patient:

- receive a transfusion? [☐ Yes [☐ No [☐ Unknown - donate blood? [☐ Yes [☐ No [☐ Unknown

- have surgery? [☐ Yes [☐ No [☐ Unknown - travel outside Louisiana? [☐ Yes [☐ No [☐ Unknown

Is the patient pregnant or recently gave birth? []Yes []No []Unknown Age of fetus _____ wks Age of infant _____ wks

Remarks / observations :